

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09688557 FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3						
4						
5						
6						
7						
8		/				
9						
10						
11		/				
12						
13						
14		/				
15	/		/			
16		/		/		
17	/		/			
18		/		/		
19						
20						
21						
22						
23						
24						
25	/		/			
26		/				
27						
28						
29						
30						
31						
32						
33	/		/			
34		/				
35						
36		/				
37						
38						
39						
40						
41	/		/			
42		/				
43						
44						
45						
46		/				
47						
48						
49						
50						
TOTAL IND.	6		6			
TOTAL DEP.	42	→	42	→		→
TOTAL CLAIMS	48		48			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		→		→		→
TOTAL CLAIMS						